

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 163
Registered No. 537

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Live Oak or Village _____
City Miami No. K-26 Live Oak City St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Matilde Villaverde
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births.
4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Nov 19 1929
Month Day Year

8. FATHER
Full name Arnulfo Villaverde
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 25 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation miner
Nature of industry Copper

14. MOTHER
Full maiden name Refugio Garcia
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mexican
17. Age at last birthday 21 (Years)

18. Birthplace (city or place) _____
(State or country) Mexico

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:45 P m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Jr. J. Miller
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____

Filed Nov 28 1929 Registrar E. E. Jones

Registrar

455-1119-971